

B1 (Official Form 1) (04/13)

United States Bankruptcy Court WESTERN DISTRICT OF VIRGINIA HARRISONBURG DIVISION				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Lilley, Michael Lewis			Name of Joint Debtor (Spouse) (Last, First, Middle): Lilley, Christina Davis		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-5335			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-7209		
Street Address of Debtor (No. and Street, City, and State): 2840 Saratoga Drive Winchester, VA			Street Address of Joint Debtor (No. and Street, City, and State): 2840 Saratoga Drive Winchester, VA		
ZIP CODE 22601			ZIP CODE 22601		
County of Residence or of the Principal Place of Business: WINCHESTER (CITY)			County of Residence or of the Principal Place of Business: WINCHESTER (CITY)		
Mailing Address of Debtor (if different from street address): 2840 Saratoga Drive Winchester, VA			Mailing Address of Joint Debtor (if different from street address): 2840 Saratoga Drive Winchester, VA		
ZIP CODE 22601			ZIP CODE 22601		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Michael Lewis Lilley Christina Davis Lilley	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: EDOV-CH7-Alexandria	Case Number: 05-15590-RGM	Date Filed: 10/15/2005	
Location Where Filed: EDOV-CH7-Alexandria	Case Number: 03-12921-RGM	Date Filed: 6/20/2003	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="font-size: 2em; margin-top: 20px;">X _____</p> <p style="text-align: right; margin-top: 10px;">Date</p>	
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>			
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input checked="" type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.</p>			
<p style="text-align: center;">Information Regarding the Debtor - Venue (Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center; margin-top: 20px;">_____ (Name of landlord that obtained judgment)</p> <p style="text-align: center; margin-top: 20px;">_____ (Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Michael Lewis Lilley
Christina Davis Lilley****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Michael Lewis Lilley**Michael Lewis Lilley****X** /s/ Christina Davis Lilley**Christina Davis Lilley**

Telephone Number (If not represented by attorney)

3/24/2014

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ David Cox for Cox Law Group, PLLC**David Cox for Cox Law Group, P** Bar No. **38670****Cox Law Group, PLLC****900 Lakeside Drive****Lynchburg, VA 24501-3602**Phone No. **(434) 845-2600** Fax No. **(434) 845-0727**3/24/2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)_____
Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley
Christina Davis Lilley**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Michael Lewis Lilley**
Michael Lewis Lilley

Date: **3/24/2014**

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley
Christina Davis Lilley**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Christina Davis Lilley**
Christina Davis Lilley

Date: **3/24/2014**

B6A (Official Form 6A) (12/07)

In re **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None				

Total: **\$0.00**
(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash	J	\$20.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		First Bank (Checking #2306)	J	\$1,979.00
		First Bank (Savings)	J	\$5.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		2 Sofa's, 1 Love Seat, 1 Dining Table, 4 Dining Chairs, 1 Kitchen Table, 4 Kitchen Chairs, 1 Washer, 1 Dryer, 2 Other Chairs, 1 Desk, 2 Coffee Tables, 2 Night Stands, 3 Dressers, 3 Beds, 2 Other Bedroom Furniture Pieces, 3 TV's, 1 VCR, 2 DVD Players, 2 Computers, 2 Lamps	J	\$685.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Men's and Women's Clothing	J	\$500.00
7. Furs and jewelry.		Wedding Rings	J	\$100.00
		5 Rings, 2 Watches, 4 Pairs of Earrings, 6 Necklaces, 4 Bracelets	W	\$130.00
8. Firearms and sports, photographic, and other hobby equipment.		Golf Clubs	H	\$20.00
		1 Exercise Equipment, 1 Riding Mower, 1 Push Mower, 1	J	\$385.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		Weed Eater, 10 Hand Tools, 5 Power Tools, 8 Pieces of Lawn Furniture, 1 Camera		
		1 Gun: Smith & Wesson 9 Mil	H	\$50.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance Policy, No Cash Value	H	\$1.00
		Term Life Insurance Policy, No Cash Value	W	\$1.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401(k) retirement plan Note: This account is included as property of the estate pursuant to Patterson v. Shumate, 504 U.S. 753 (1992) & Rains v. Flinn (In re Rains), 428 F.3d 893, 905-906 (9th Cir. 2005) and 100% exempt as per Schedule C	H	\$25,713.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Potential funds due to Debtor unknown at this time, including State & Federal tax refunds, 2013 Tax Refund of approximately \$9,196.00, 2/12 interest in 2014 tax refund of approximately \$9,196.00 = \$1,533.00, possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the debtor, and/or inheritance. (may be subject to offset)	J	\$10,730.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2013 Chevrolet Cruze NADA Clean Retail Value: \$15,600.00 Miles: 25,000	H	\$15,600.00
		2010 Mazda CX-7 NADA Clean Retail Value: \$18,450.00 Miles: 50,000	H	\$18,450.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 4

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
31. Animals.		3 Pets	J	\$30.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<p style="text-align: right;">4 continuation sheets attached</p> <p>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</p>				Total > \$74,399.00

B6C (Official Form 6C) (4/13)

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds
\$155,675.*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash	Va. Code Ann. § 34-4	\$20.00	\$20.00
First Bank (Checking #2306)	Va. Code Ann. § 34-4	\$1,979.00	\$1,979.00
First Bank (Savings)	Va. Code Ann. § 34-4	\$5.00	\$5.00
2 Sofa's, 1 Love Seat, 1 Dining Table, 4 Dining Chairs, 1 Kitchen Table, 4 Kitchen Chairs, 1 Washer, 1 Dryer, 2 Other Chairs, 1 Desk, 2 Coffee Tables, 2 Night Stands, 3 Dressers, 3 Beds, 2 Other Bedroom Furniture Pieces, 3 TV's, 1 VCR, 2 DVD Players, 2 Computers, 2 Lamps	Va. Code Ann. § 34-26(4a)	\$685.00	\$685.00
Men's and Women's Clothing	Va. Code Ann. § 34-26(4)	\$500.00	\$500.00
Wedding Rings	Va. Code Ann. § 34-26(1a)	\$100.00	\$100.00
5 Rings, 2 Watches, 4 Pairs of Earrings, 6 Necklaces, 4 Bracelets	Va. Code Ann. § 34-4	\$130.00	\$130.00
Golf Clubs	Va. Code Ann. § 34-4	\$20.00	\$20.00
1 Exercise Equipment, 1 Riding Mower, 1 Push Mower, 1 Weed Eater, 10 Hand Tools, 5 Power Tools, 8 Pieces of Lawn Furniture, 1 Camera	Va. Code Ann. § 34-4	\$385.00	\$385.00
1 Gun: Smith & Wesson 9 Mil	Va. Code Ann. § 34-26(4b)	\$50.00	\$50.00
Term Life Insurance Policy, No Cash Value	Va. Code Ann. § 34-4	\$1.00	\$1.00
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$3,875.00	\$3,875.00

B6C (Official Form 6C) (4/13) -- Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Term Life Insurance Policy, No Cash Value	Va. Code Ann. § 34-4	\$1.00	\$1.00
401(k) retirement plan	Va. Code Ann. § 34-4	\$1.00	\$25,713.00
Note: This account is included as property of the estate pursuant to Patterson v. Shumate, 504 U.S. 753 (1992) & Rains v. Flinn (In re Rains), 428 F.3d 893, 905-906 (9th Cir. 2005) and 100% exempt as per Schedule C	Va. Code Ann. § 34-34	\$25,713.00	
	11 U.S.C. § 522(b)(3)(C)	\$25,713.00	
Potential funds due to Debtor unknown at this time, including State & Federal tax refunds, 2013 Tax Refund of approximately \$9,196.00, 2/12 interest in 2014 tax refund of approximately \$9,196.00 = \$1,533.00, possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the debtor, and/or inheritance. (may be subject to offset)	Va. Code Ann. § 34-4	\$4,035.00	\$10,730.00
2013 Chevrolet Cruze NADA Clean Retail Value: \$15,600.00 Miles: 25,000	Va. Code Ann. § 34-4	\$1.00	\$15,600.00
2010 Mazda CX-7 NADA Clean Retail Value: \$18,450.00 Miles: 50,000	Va. Code Ann. § 34-26(8)	\$13.00	\$18,450.00
	Va. Code Ann. § 34-4	\$1.00	
3 Pets	Va. Code Ann. § 34-26(5)	\$30.00	\$30.00
		\$59,383.00	\$74,399.00

B6D (Official Form 6D) (12/07)

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxxxx1301 Consumer Portfolio Svc Attn: Bankruptcy 19500 Jamboree Rd Irvine, CA 92612	H	DATE INCURRED: 04/2013 NATURE OF LIEN: Security Agreement COLLATERAL: 2013 Chevrolet Cruze REMARKS: NADA Clean Retail Value: \$15,600.00 Miles: 25,000				\$20,234.00	\$4,634.00
		VALUE: \$15,600.00					
ACCT #:	J	DATE INCURRED: 2003-2009 NATURE OF LIEN: Federal Income Taxes COLLATERAL: property of the debtors REMARKS: potential disputed lien of the creditor on property of the debtors; see Schedule E for amount of total claim of creditor				Unknown	Unknown
		VALUE: \$0.00					
ACCT #: xxxxxxxx1001 Regional Acceptance Co 1514 Woodlawn Drive Baltimore, MD 21207	H	DATE INCURRED: 04/2013 NATURE OF LIEN: Security Agreement COLLATERAL: 2010 Mazda CX-7 REMARKS: NADA Clean Retail Value: \$18,450.00 Miles: 50,000				\$18,437.00	
		VALUE: \$18,450.00					
ACCT #:	J	DATE INCURRED: 2003-2009 NATURE OF LIEN: State Income Taxes COLLATERAL: property of the debtors REMARKS: potential disputed lien of the creditor on property of the debtors; see Schedule E for amount of total claim of creditor			X	Unknown	Unknown
		VALUE: \$0.00					
Subtotal (Total of this Page) >						\$38,671.00	\$4,634.00
Total (Use only on last page) >						\$38,671.00	\$4,634.00

No continuation sheets attached

(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6E (Official Form 6E) (04/13)

In re **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
- ☐ **Administrative allowances under 11 U.S.C. Sec. 330**
Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Taxes and Certain Other Debts Owed to Governmental Units
------------------	--

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: xxxx/7209 City of Winchester Virginia c/o Mark Garber, Treasurer Rouss City Hall P.O. Box 263 Winchester, VA 22604	J	DATE INCURRED: 2012 CONSIDERATION: Personal Property Taxes REMARKS:				\$148.00	\$148.00	\$0.00
ACCT #: xxxx/7209 Internal Revenue Service*** P O Box 7346 Philadelphia, PA 19114-7346	J	DATE INCURRED: 2003-2009 CONSIDERATION: Federal Income Taxes REMARKS: Nonconsumer Debt				\$154,519.00	\$0.00	\$154,519.00
ACCT #: xxxx/7209 Va Department Of Taxation* Bankruptcy Unit P O Box 2156 Richmond, VA 23218-0000	J	DATE INCURRED: 2003-2009 CONSIDERATION: State Income Taxes REMARKS: NonConsumer Debt				\$50,826.00	\$0.00	\$50,826.00
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						\$205,493.00	\$148.00	\$205,345.00
						\$205,493.00		
							\$148.00	\$205,345.00

B6F (Official Form 6F) (12/07)

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxx7204 AEO/gecbr PO Box 530942 Atlanta, GA 30353	J	DATE INCURRED: 2010 CONSIDERATION: Open Account REMARKS:				\$450.00
ACCT #: xxxxx2744 AMCB HB PO Box 37007 Baltimore, MD 21297	W	DATE INCURRED: 3/10/2014 CONSIDERATION: Open Account REMARKS:				\$100.00
ACCT #: xxxxxx8952 Ashburn Family Dentistry 20905 Professional Plaza #210 Ashburn, VA 20147	W	DATE INCURRED: 5/2013 CONSIDERATION: Medical REMARKS:				\$592.00
ACCT #: xxxxx7782 AT&T Enhanced Recovery Company 8014 Bayberry Road Jacksonville, FL 32256	W	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$1,652.00
ACCT #: xxxxx5410 AT&T PO Box 467600 Atlanta, GA 31146	W	DATE INCURRED: 2011 CONSIDERATION: Open Account REMARKS:				\$1,652.00
ACCT #: xxxxx-xxxxxxlley Bone & Joint Specialist Collection Department 190 Campus Blvd Suite 310 Winchester, VA 22601	H	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$120.00
Subtotal >						\$4,566.00
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: x5492 Bone & Joint Specialist Collection Department 190 Campus Blvd Suite 310 Winchester, VA 22601	H	DATE INCURRED: 10/09/2014 CONSIDERATION: Medical REMARKS:				\$25.00
ACCT #: xxxxx8500 Calvary Portfolio Services Attention: Bankruptcy Department 500 Summit Lake Dr. Suite 400 Valhalla, NY 10595	W	DATE INCURRED: 02/2013 CONSIDERATION: Open Account REMARKS:				\$538.00
Representing: Calvary Portfolio Services		HSBC Bank USA, N.A.* P.O. Box 2013 Buffalo, NY 14240				Notice Only
ACCT #: xxxxxxxxxxxxx2240 Cap One Po Box 30253 Salt Lake City, UT 84130	H	DATE INCURRED: 04/2008 CONSIDERATION: Credit Card REMARKS:				\$534.00
ACCT #: x0041 Capital Rehab 230 Costello Drive Suite 1 Winchester, VA 22602	J	DATE INCURRED: 8/2012 CONSIDERATION: Medical REMARKS:				\$145.00
ACCT #: 7209 CFW Collections 19 North Washington Street Winchester, VA 22601	W	DATE INCURRED: 3/2013 CONSIDERATION: Medical REMARKS:				\$40.00

Sheet no. 1 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,282.00**

Total >
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: CFW Collections		Piedmont Medical Lab 333 West Cork Street Suite 215 Winchester, VA 22601				Notice Only
ACCT #: xx0446 CFW Collections 19 North Washington Street Winchester, VA 22601	W	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$449.00
Representing: CFW Collections		Behavioral Resources PLC 134 West Piccadilly Street Winchester, VA 22601				Notice Only
ACCT #: 7209 CFW Collections 19 North Washington Street Winchester, VA 22601	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$85.00
Representing: CFW Collections		Sunrise medical Lab 19465 Deerfield Avenue Suite 308b Leesburg, VA 20176				Notice Only
ACCT #: xxxx9721 Chase Receivables 1247 Broadway Sonoma, CA 95476	W	DATE INCURRED: 4/2013 CONSIDERATION: Open Account REMARKS:				\$53.00

Sheet no. 2 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$587.00**

Total >
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxx3617 CMC PO Box 3707 Lisle, IL 60532	W	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$96.00
ACCT #: xxx0274 CMC PO Box 3707 Lisle, IL 60532	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$96.00
Representing: CMC		Warren Memorial Hospital 1000 Shenandoah Avenue Front Royal, VA 22630				Notice Only
ACCT #: xxxxxx0889 Comenity Bank/New York & Company Attention: Bankruptcy P.O. Box 182686 Columbus, OH 43218	H	DATE INCURRED: 01/26/2011 CONSIDERATION: Open Account REMARKS:				\$606.00
ACCT #: xxxxxx5911 Crd Prt Asso Attn: Bankruptcy PO Box 802068 Dallas, TX 75380	H	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$669.00
Representing: Crd Prt Asso		Comcast 2303 N. Augusta Streed #D Staunton, VA 24401				Notice Only

Sheet no. 3 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,467.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxx7801 Credit Coll USA CCUSA/Attn:Bankruptcy 16 Distributor Dr Ste 1 Morgantown, WV 26501	W	DATE INCURRED: 06/2013 CONSIDERATION: Medical REMARKS:				\$193.00
Representing: Credit Coll USA		Neurologic Associates Plc 905 Cedar Creek Grade Winchester, VA 22601				Notice Only
ACCT #: xxxxx8801 Credit Coll USA CCUSA/Attn:Bankruptcy 16 Distributor Dr Ste 1 Morgantown, WV 26501	W	DATE INCURRED: 01/2013 CONSIDERATION: Medical REMARKS:				\$184.00
Representing: Credit Coll USA		Neurologic Associates Plc 905 Cedar Creek Grade Winchester, VA 22601				Notice Only
ACCT #: xxxxx8106 Credit Coll USA CCUSA/Attn:Bankruptcy 16 Distributor Dr Ste 1 Morgantown, WV 26501	W	DATE INCURRED: 07/2012 CONSIDERATION: Medical REMARKS:				\$91.00
Representing: Credit Coll USA		Valley Hospitalists P.C. 116 S. Stewart Street Winchester, VA 22601				Notice Only

Sheet no. 4 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$468.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx8105 Credit Coll USA CCUSA/Attn:Bankruptcy 16 Distributor Dr Ste 1 Morgantown, WV 26501	W	DATE INCURRED: 12/2011 CONSIDERATION: Medical REMARKS:				\$70.00
Representing: Credit Coll USA		Dermatology Associates Inc. 1514 Amherst Street Winchester, VA 22601				Notice Only
ACCT #: xxxxxx7802 Credit Coll USA CCUSA/Attn:Bankruptcy 16 Distributor Dr Ste 1 Morgantown, WV 26501	W	DATE INCURRED: 07/2013 CONSIDERATION: Medical REMARKS:				\$55.00
Representing: Credit Coll USA		Valley Hospitalists P.C. 116 S. Stewart Street Winchester, VA 22601				Notice Only
ACCT #: xxxxxxxxxxx0045 Credit Coll USA CCUSA/Attn:Bankruptcy 16 Distributor Dr Ste 1 Morgantown, WV 26501	H	DATE INCURRED: 9/2013 CONSIDERATION: Open Account REMARKS:				\$100.00
ACCT #: xxxxxxxxxxx0149 Credit Coll USA CCUSA/Attn:Bankruptcy 16 Distributor Dr Ste 1 Morgantown, WV 26501	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$80.00

Sheet no. 5 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$305.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Credit Coll USA		Dermatology Associates Inc. 1514 Amherst Street Winchester, VA 22601				Notice Only
ACCT #: 7209 Credit Control Company 11821 Rock Landing Dr Newport News, VA 23612-0000	W	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$287.00
ACCT #: xxxxxx0853 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606	W	DATE INCURRED: 08/2013 CONSIDERATION: Open Account REMARKS:				\$1,162.00
Representing: Credit Control Corp		Winchester Medical Center 1840 Amherst St Winchester, VA 22601				Notice Only
ACCT #: xxxxxx9283 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606	W	DATE INCURRED: 10/2012 CONSIDERATION: Open Account REMARKS:				\$1,081.00
Representing: Credit Control Corp		Warren Memorial Hospital 1000 Shenandoah Avenue Front Royal, VA 22630				Notice Only

Sheet no. 6 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$2,530.00**

Total >
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx3319 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606	W	DATE INCURRED: 01/2013 CONSIDERATION: Medical REMARKS:				\$209.00
Representing: Credit Control Corp		Winchester Medical Center 1840 Amherst St Winchester, VA 22601				Notice Only
ACCT #: xxxxxx2417 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606	W	DATE INCURRED: 06/2013 CONSIDERATION: Medical REMARKS:				\$100.00
Representing: Credit Control Corp		Winchester Medical Center 1840 Amherst St Winchester, VA 22601				Notice Only
ACCT #: xxxxxx5366 Creditors Collection S PO Box 21504 Roanoke, VA 24018	W	DATE INCURRED: 09/2011 CONSIDERATION: Open Account REMARKS:				\$539.00
Representing: Creditors Collection S		Winchester Imaging 160 Exeter Drive, Suite 104 Winchester, VA 22603				Notice Only

Sheet no. 7 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$848.00**

Total >
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxx9375 Creditors Collection S PO Box 21504 Roanoke, VA 24018	W	DATE INCURRED: 08/2011 CONSIDERATION: Medical REMARKS:				\$491.00
Representing: Creditors Collection S		Winchester Imaging 160 Exeter Drive, Suite 104 Winchester, VA 22603				Notice Only
ACCT #: xxxxx8972 Creditors Collection S PO Box 21504 Roanoke, VA 24018	W	DATE INCURRED: 06/2013 CONSIDERATION: Medical REMARKS:				\$178.00
Representing: Creditors Collection S		Winchester Radiologists PO Box 880 Lima, OH 45802				Notice Only
ACCT #: xxxxx7898 Creditors Collection S PO Box 21504 Roanoke, VA 24018	W	DATE INCURRED: 08/2012 CONSIDERATION: Medical REMARKS:				\$74.00
Representing: Creditors Collection S		Winchester Radiologists PO Box 880 Lima, OH 45802				Notice Only

Sheet no. 8 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$743.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: x9670 Dermatology Associates Inc. 1514 Amherst Street Winchester, VA 22601	W	DATE INCURRED: 2/28/2014 CONSIDERATION: Medical REMARKS:				\$865.00
ACCT #: xxxxxxxx/xxxxxxxxxxx0001 EOS CCA 700 Longwater Drive Norwell, MA 02061	H	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$1,800.00
ACCT #: xxxxxxxxxxxxx7759 FNCC/Legacy Visa Attn: Bankruptcy PO Box 5097 Sioux Falls, SD 57117	H	DATE INCURRED: 04/2008 CONSIDERATION: Credit Card REMARKS:				\$600.00
Representing: FNCC/Legacy Visa		First National Credit Card PO Box 2496 Omaha, NE 68103				Notice Only
ACCT #: x3464 Foot Care Center PO Box 1804 Winchester, VA 22604	J	DATE INCURRED: 12/2012 CONSIDERATION: Medical REMARKS:				\$60.00
ACCT #: xxxxxxxxxxxxx4854 Gecrb/walmart P.O. Box 965024 Orlando, FL 32896	J	DATE INCURRED: CONSIDERATION: Open Account REMARKS:				\$900.00

Sheet no. 9 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$4,225.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Gecrb/walmart		NCC Busines Service Inc Po Box 24739 Jacksonville, FL 32241-4739				Notice Only
ACCT #: 7209 George Washington Univ Hospital PO Box 100507 Atlanta, GA 30384-0000	J	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$15,445.00
ACCT #: xxxxxxxx7570 Ginnys/Swiss Colony Inc Attn: Bankruptcy 1112 7th Ave Monroe, WI 53566	H	DATE INCURRED: 12/2009 CONSIDERATION: Open Account REMARKS:				\$792.00
ACCT #: xxxxxx8316 Healthport PO Box 409900 Atlanta, GA 30384	W	DATE INCURRED: 12/13/2013 CONSIDERATION: Medical REMARKS:				\$17.00
Representing: Healthport		Front Royal Internal Medicine Associates 315 W 10th Street, #2 Front Royal, VA 22630				Notice Only
ACCT #: xx3947 Heart & Vacular Institute PO Box 7423 Merrifield, VA 22116	H	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$100.00
Sheet no. <u>10</u> of <u>23</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$16,354.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: x8751 Heart & Vacular Institute PO Box 7423 Merrifield, VA 22116	W	DATE INCURRED: 9/2013 CONSIDERATION: Medical REMARKS:				\$326.00
ACCT #: xxxx-xxxx-xxxx-2240 HSBC Card Services PO Box 17051 Baltimore, MD 21297-0000	J	DATE INCURRED: 2010 CONSIDERATION: Open Account REMARKS:				\$650.00
ACCT #: xxxxxx6001 IC System Attn: Bankruptcy 444 Highway 96 East; PO Box 64378 St. Paul, MN 55164	H	DATE INCURRED: 04/2008 CONSIDERATION: Open Account REMARKS:				\$511.00
Representing: IC System		Assoicates in Otolarynology 2616 Sherwood Hall Lane # 408 Alexandria, VA 22306				Notice Only
ACCT #: xxxxxx5001 IC System Attn: Bankruptcy 444 Highway 96 East; PO Box 64378 St. Paul, MN 55164	W	DATE INCURRED: 06/2008 CONSIDERATION: Medical REMARKS:				\$213.00
Representing: IC System		Assoicates in Otolarynology 2616 Sherwood Hall Lane # 408 Alexandria, VA 22306				Notice Only

Sheet no. 11 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,700.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxx9001 IC System Attn: Bankruptcy 444 Highway 96 East; PO Box 64378 St. Paul, MN 55164	W	DATE INCURRED: 06/2009 CONSIDERATION: Open Account REMARKS:				\$156.00
Representing: IC System		Banfield Pet Hospital 2310 Legge Blvd Winchester, VA 22601				Notice Only
ACCT #: xx1594 INOVA 2990 Telestar Court Falls Church, VA 22042	W	DATE INCURRED: 9/2013 CONSIDERATION: Open Account REMARKS:				\$100.00
ACCT #: 9188 IPS- Internal Medical Specialist 148 Linden Drive Suite 101 Winchester, VA 22601	W	DATE INCURRED: 9/2013 CONSIDERATION: Medical REMARKS:				\$80.00
ACCT #: xxx3278 J L Walston & Associat 326 S Main St Emporia, VA 23847	W	DATE INCURRED: 02/2011 CONSIDERATION: Open Account REMARKS:				\$752.00
Representing: J L Walston & Associat		Winchester Medical Center 1840 Amherst St Winchester, VA 22601				Notice Only

Sheet no. 12 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,088.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx9774 J L Walston & Associat 326 S Main St Emporia, VA 23847	W	DATE INCURRED: 06/2013 CONSIDERATION: Medical REMARKS:				\$208.00
Representing: J L Walston & Associat		Valley Home Care PO BOX 1910 Winchester, VA 22604				Notice Only
ACCT #: xxx9775 J L Walston & Associat 326 S Main St Emporia, VA 23847	W	DATE INCURRED: 06/2013 CONSIDERATION: Medical REMARKS:				\$207.00
Representing: J L Walston & Associat		Valley Home Care PO BOX 1910 Winchester, VA 22604				Notice Only
ACCT #: xxx9776 J L Walston & Associat 326 S Main St Emporia, VA 23847	W	DATE INCURRED: 06/2013 CONSIDERATION: Medical REMARKS:				\$206.00
Representing: J L Walston & Associat		Valley Home Care PO BOX 1910 Winchester, VA 22604				Notice Only

Sheet no. 13 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$621.00

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx2365 J.L. Walston & Associates 326 S Main Street Emporia, VA 23847-2028	W	DATE INCURRED: 2/2000 CONSIDERATION: Medical REMARKS:				\$36.00
ACCT #: xx7356 J.L. Walston & Associates 326 S Main Street Emporia, VA 23847-2028	W	DATE INCURRED: 2/2000 CONSIDERATION: Medical REMARKS:				\$592.00
ACCT #: xx7921 J.L. Walston & Associates 326 S Main Street Emporia, VA 23847-2028	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$645.00
ACCT #: xxxxxxxxxxxx8889 KeyBridge Medical Revenue Attn: Bankruptcy PO Box 1568 Lima, OH 48502	H	DATE INCURRED: 06/2013 CONSIDERATION: Medical REMARKS:				\$431.00
Representing: KeyBridge Medical Revenue		Foot Care Center 611 Jubal Early Drive Winchester, VA 22601				Notice Only
ACCT #: xxxx4642 Loan Smart, LLC. 2641 Valley Avenue Winchester, VA 22601	J	DATE INCURRED: 8/2013 CONSIDERATION: Medical REMARKS:				\$3,781.00
Sheet no. 14 of 23 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$5,485.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx3495 Lvnv Funding Llc Po Box 10497 Greenville, SC 29603	H	DATE INCURRED: 01/2013 CONSIDERATION: Open Account REMARKS:				\$1,280.00
Representing: Lvnv Funding Llc		Credit One Bank* PO Box 98873 Las Vegas, NV 89193				Notice Only
Representing: Lvnv Funding Llc		JCC & Associates PO Box 519 Sauk Rapids, MN 56379				Notice Only
ACCT #: xxxxxx7652 Med Star Health PO Box 418786 Boston, MA 02241	W	DATE INCURRED: 1/2013 CONSIDERATION: Medical REMARKS:				\$933.00
ACCT #: xxxx0089 Med Star Health Anesthesiologist Services PO Box 418288 Boston, MA 02241	W	DATE INCURRED: 5/2013 CONSIDERATION: Medical REMARKS:				\$150.00
ACCT #: xxxxxx6853 Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123	H	DATE INCURRED: 01/2013 CONSIDERATION: Open Account REMARKS:				\$2,267.00

Sheet no. 15 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$4,630.00**

Total >
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Midland Funding		WebBank 6440 South Wasatch Boulevard Suite 300 Salt Lake City, UT 84121				Notice Only
ACCT #: 6288 Morgan N. Sutton, LPC 125 South Cameron Street Winchester, VA 22601	W	DATE INCURRED: 2/4/2014 CONSIDERATION: Medical REMARKS:				\$135.00
ACCT #: x0660 Mount View Ear, Nose & Throat 112 Medical Circle Winchester, VA 22601	W	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$49.00
ACCT #: x0200 Mount View Ear, Nose & Throat 112 Medical Circle Winchester, VA 22601	W	DATE INCURRED: 3/2013 CONSIDERATION: Medical REMARKS:				\$30.00
ACCT #: xxx0298 NCA PO Box 550 327 West Fourth Street Hutchinson, KS 67504-0000	J	DATE INCURRED: 2011 CONSIDERATION: Open Account REMARKS:				\$1,002.00
Representing: NCA		Cash Net 21430 Timberlake Rd Ste D Lynchburg, VA 24502-0000				Notice Only

Sheet no. 16 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,216.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx2027 Nco Fin/51 Pob 15273 Wilmington, DE 19850	W	DATE INCURRED: 05/2013 CONSIDERATION: Open Account REMARKS:				\$933.00
Representing: Nco Fin/51		Union Memorial 201 East University Parkway Baltimore, MD 21218				Notice Only
ACCT #: x3080 Neurologic Associates 136 Linden Drive Suite 100 Winchester, VA 22601	H	DATE INCURRED: 3/2013 CONSIDERATION: Medical REMARKS:				\$30.00
ACCT #: 8881 Northern VA Eyeist 212 Linden Drive Suite 154 Winchester, VA 22601	H	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$80.00
ACCT #: 7209 Piedmont Medical Lab 333 West Cork Street Suite 215 Winchester, VA 22601	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$101.00
ACCT #: xxxxxxxxxxxx2704 Portfolio Recovery Attn: Bankruptcy PO Box 41067 Norfolk, VA 23541	H	DATE INCURRED: 12/2012 CONSIDERATION: Open Account REMARKS:				\$469.00

Sheet no. 17 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,613.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Portfolio Recovery		GE Auto Financial Services PO Box 310 Barrington, IL 60011-0000				Notice Only
ACCT #: xxxxxx4990 SCA Collections PO Box 876 Greenville, NC 27835-0000	W	DATE INCURRED: 01/03/2014 CONSIDERATION: Medical REMARKS:				\$38.00
Representing: SCA Collections		Shenandoah Valley Pathology 1840 Amherst Street Winchester, VA 22601				Notice Only
ACCT #: xxxxxxxxxxxx8886 Selma Medical Associates 104 Selma Drive Winchester, VA 22601	W	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$250.00
ACCT #: xx3328 Shenandoah Lasik & Cata 142 Linden Drive Suite 108 Winchester, VA 22601	W	DATE INCURRED: 5/2013 CONSIDERATION: Medical REMARKS:				\$40.00
ACCT #: xxxxxx1675 Shenandoah Valley Pathology 1840 Amherst Street Winchester, VA 22601	W	DATE INCURRED: 1/2013 CONSIDERATION: Medical REMARKS:				\$13.00

Sheet no. 18 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$341.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxx23A4 Shop Now Dr. Leonards PO Box 2852 Monroe, WI 53566	H	DATE INCURRED: 6/2012 CONSIDERATION: Open Account REMARKS:				\$75.00
ACCT #: xxx7596 Simon Chase & Associates 5825 Live Oak Parkway Suite Z-C Norcross, GA 30093	W	DATE INCURRED: 6/2009 CONSIDERATION: Open Account REMARKS:				\$1,088.00
ACCT #: xxx7935 Sterling Mental Helth 1812 Plaza Drive Winchester, VA 22601	W	DATE INCURRED: 10/2013 CONSIDERATION: Medical REMARKS:				\$40.00
ACCT #: xxxxx846-0 Sunrise Medical Laboratories PO Box 9070 Hicksville, NY 11802	W	DATE INCURRED: 3/3/2014 CONSIDERATION: Medical REMARKS:				\$20.00
ACCT #: xxxxx733-0 Sunrise Medical Laboratories PO Box 9070 Hicksville, NY 11802	W	DATE INCURRED: 3/3/2014 CONSIDERATION: Medical REMARKS:				\$13.00
ACCT #: xxxxx818-0 Sunrise Medical Laboratories PO Box 9070 Hicksville, NY 11802	W	DATE INCURRED: 2/26/2014 CONSIDERATION: Medical REMARKS:				\$11.00

Sheet no. 19 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,247.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx9854 UMH PO Box 418693 Boston, MA 02241	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$619.00
ACCT #: xxxxxxx0044 Valley Credit Service Pob 2162 Hagerstown, MD 21742	W	DATE INCURRED: 02/2013 CONSIDERATION: Medical REMARKS:				\$163.00
Representing: Valley Credit Service		Valley Intensivists 1840 Amherst Street Winchester, VA 22601				Notice Only
ACCT #: xxx6226 Valley Health Urgent Care 607 East Jubal Drive Winchester, VA 22601	W	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$20.00
ACCT #: x2070 Valley Home Care PO BOX 1910 Winchester, VA 22604	W	DATE INCURRED: 5/2013 CONSIDERATION: Medical REMARKS:				\$450.00
ACCT #: x2070 Valley Home Care PO BOX 1910 Winchester, VA 22604	W	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$600.00

Sheet no. 20 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$1,852.00**

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx1688 Valley Physician Enterprise 314 Hope Dr Winchester, VA 22601	W	DATE INCURRED: 1/5/2014 CONSIDERATION: Medical REMARKS:				\$20.00
ACCT #: xxxxxxxxxx0001 Verizon Verizon Wireless Department/Attn: Bankru PO Box 3397 Bloomington, IL 61702	W	DATE INCURRED: 11/2011 CONSIDERATION: Open Account REMARKS:				\$1,758.00
Representing: Verizon		Vantage Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002				Notice Only
ACCT #: xxxxxxxxxx0001 Verizon Verizon Wireless Department/Attn: Bankru PO Box 3397 Bloomington, IL 61702	H	DATE INCURRED: 10/2005 CONSIDERATION: Open Account REMARKS:				\$1,384.00
ACCT #: xxx0274 Warren Memorial Hospital 1000 Shenandoah Avenue Front Royal, VA 22630	W	DATE INCURRED: 3/2013 CONSIDERATION: Medical REMARKS:				\$96.00
ACCT #: x4308 Winchester Anesthesiologists 878 Fox Drive Winchester, VA 22603	W	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$44.00

Sheet no. 21 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$3,302.00**

Total >
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xx-7029 Winchester Fire & Rescue PO Box 7432 Merrifield, VA 22116	W	DATE INCURRED: 3/2012 CONSIDERATION: Open Account REMARKS:				\$97.00
ACCT #: xx2772 Winchester Gastroenterology Associates 190 Campus Boulevard, Suite 300 Winchester, VA 22601	W	DATE INCURRED: 9/2013 CONSIDERATION: Medical REMARKS:				\$120.00
ACCT #: 7209 Winchester Medical Center 1840 Amherst St Winchester, VA 22601	W	DATE INCURRED: CONSIDERATION: Medical REMARKS:				\$2,995.00
ACCT #: xxx0832 Winchester Medical Center 1840 Amherst St Winchester, VA 22601	W	DATE INCURRED: 1/10/2014 CONSIDERATION: Medical REMARKS:				\$389.00
ACCT #: xxx6853 Winchester Medical Center 1840 Amherst St Winchester, VA 22601	W	DATE INCURRED: 6/8/2013 CONSIDERATION: Medical REMARKS:				\$100.00
ACCT #: xxx1743 Winchester Medical Center 1840 Amherst St Winchester, VA 22601	W	DATE INCURRED: 7/11/2013 CONSIDERATION: Medical REMARKS:				\$687.00
Sheet no. 22 of 23 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$4,388.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Lewis Lilley**
Christina Davis LilleyCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx9459 Winchester Urgent Care 2505 Valley Avenue Winchester, VA 22601	J	DATE INCURRED: 5/2013 CONSIDERATION: Medical REMARKS:				\$9.00
ACCT #: xxxx7532 Winchester Urgent Care 2505 Valley Avenue Winchester, VA 22601	W	DATE INCURRED: 4/2013 CONSIDERATION: Medical REMARKS:				\$40.00
ACCT #: xxxx8790 Winchester Urgent Care 2505 Valley Avenue Winchester, VA 22601	H	DATE INCURRED: 2/3/2014 CONSIDERATION: Medical REMARKS:				\$25.00

Sheet no. 23 of 23 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal > **\$74.00**Total > **\$60,932.00**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1	Michael	Lewis	Lilley
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Christina	Davis	Lilley
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Sales Manager****Employer's name****Lawson Products****Employer's address****902 South Willow Street**

Number Street

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

Unemployed

Flora **IN** **46929**
City State Zip Code

City State Zip Code

How long employed there? **17 Years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$7,246.16	\$0.00
3. Estimate and list monthly overtime pay.	+ \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$7,246.16	\$0.00

Debtor 1 **Michael** **Lewis** **Lilley** Case number (if known) _____
 First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$7,246.16	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$1,449.00	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$612.30	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: See continuation sheet	5h. + \$606.74	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$2,668.04	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$4,578.12	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: SNAP	8h. + \$0.00	\$367.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	\$367.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$4,578.12	\$367.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. \$4,945.12	\$4,945.12
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		Combined monthly income

Debtor 1 **Michael** **Lewis** **Lilley** Case number (if known) _____
First Name Middle Name Last Name

5h. Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
<u>401(k) Contribution</u>	<u>\$429.04</u>	<u>\$0.00</u>
<u>LIFE</u>	<u>\$91.70</u>	<u>\$0.00</u>
<u>LTD</u>	<u>\$39.32</u>	<u>\$0.00</u>
<u>401(k) Loan</u>	<u>\$46.68</u>	<u>\$0.00</u>
Totals:	<div>\$606.74</div>	<div>\$0.00</div>

Fill in this information to identify your case:

Debtor 1	Michael	Lewis	Lilley
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Christina	Davis	Lilley
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF VIRGINIA**

Case number (if known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....**Dependent's relationship to Debtor 1 or Debtor 2****Dependent's age****Does dependent live with you?**Daughter11

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$1,000.00**If not included in line 4:**

4a. Real estate taxes

4a. _____

4b. Property, homeowner's, or renter's insurance

4b. \$25.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$35.00

4d. Homeowner's association or condominium dues

4d. _____

Debtor 1 **Michael** **Lewis** **Lilley** Case number (if known) _____
 First Name Middle Name Last Name

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$300.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$70.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$225.00</u>
6d. Other. Specify: <u>Cell Phone(s)</u>	6d.	<u>\$150.00</u>
7. Food and housekeeping supplies	7.	<u>\$710.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$175.00</u>
10. Personal care products and services	10.	<u>\$100.00</u>
11. Medical and dental expenses	11.	<u>\$500.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$400.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$0.00</u>
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$216.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Personal Property Taxes</u>	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2013 Chevrolet Cruze	17a.	<u>\$508.04</u>
17b. Car payments for Vehicle 2 2010 Mazda CX7	17b.	<u>\$489.00</u>
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Michael** **Lewis** **Lilley** Case number (if known) _____
 First Name Middle Name Last Name

<p>21. Other. Specify: Pet Care & Food</p> <p>22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.</p> <p>23. Calculate your monthly net income.</p> <p>23a. Copy line 12 (your combined monthly income) from Schedule I.</p> <p>23b. Copy your monthly expenses from line 22 above.</p> <p>23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.</p>	<p>21. + \$40.00</p> <p>22. \$4,943.04</p> <p>23a. \$4,945.12</p> <p>23b. − \$4,943.04</p> <p>23c. \$2.08</p>
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24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Note: Rent is estimated between 1000 and 1500, or more

B 6 Summary (Official Form 6 - Summary) (12/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re **Michael Lewis Lilley**
Christina Davis Lilley

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$0.00		
B - Personal Property	Yes	5	\$74,399.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1			\$38,671.00
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			\$205,493.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	24			\$60,932.00
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			
J - Current Expenditures of Individual Debtor(s)	Yes	3			
TOTAL		43	\$74,399.00	\$305,096.00	

B 6 Summary (Official Form 6 - Summary) (12/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re **Michael Lewis Lilley**
Christina Davis Lilley

Case No.

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **45** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **3/24/2014**

Signature **/s/ Michael Lewis Lilley**
Michael Lewis Lilley

Date **3/24/2014**

Signature **/s/ Christina Davis Lilley**
Christina Davis Lilley

[If joint case, both spouses must sign.]

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$80,003.00	Income 2012 H
\$77,081.00	Income 2013 H
\$17,877.00	Income 2014 H
\$0.00	Income 2012 W (None)
\$0.00	Income 2013 W (None)
\$0.00	Income 2014 W (None)

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$1,835.00	SNAP 2013 W
\$1,101.00	SNAP 2014 W

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**CAPTION OF SUIT AND
CASE NUMBER**

**Midland Funding, LLC for
WebBank v. Michael Lilley**

NATURE OF PROCEEDING

Warrant In Debt

**COURT OR AGENCY
AND LOCATION**

**City Of Winchester
General District Court
Judicial Center
5 North Kent Street
Winchester, VA 22601**

**STATUS OR
DISPOSITION**

Judgment

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☒ List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Cox Law Group, PLLC 900 Lakeside Drive Lynchburg, VA 24501-3602	3/24/2014	See Exhibit A to Form 2016

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 3

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

-
- None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:



-
- None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.



-
- None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.



18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None



- b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 4

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None
☒ a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.
- None
☒ b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.
- None
☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.
- None
☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

20. Inventories

- None
☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.
- None
☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

- None
☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.
- None
☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

- None
☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.
- None
☒ b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 5

23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 3/24/2014

Signature /s/ Michael Lewis Lilley
of Debtor Michael Lewis Lilley

Date 3/24/2014

Signature /s/ Christina Davis Lilley
of Joint Debtor Christina Davis Lilley
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571*

B 8 (Official Form 8) (12/08)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

IN RE: **Michael Lewis Lilley
Christina Davis Lilley**

CASE NO

CHAPTER **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A -- Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Consumer Portfolio Svc Attn:Bankruptcy 19500 Jamboree Rd Irvine, CA 92612 xxxxxxx1301	Describe Property Securing Debt: 2013 Chevrolet Cruze
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Internal Revenue Service*** P O Box 7346 Philadelphia, PA 19114-7346	Describe Property Securing Debt: property of the debtors
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): property exempt; any potential lien voided per 522(c) Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

B 8 (Official Form 8) (12/08)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

IN RE: **Michael Lewis Lilley
Christina Davis Lilley**

CASE NO

CHAPTER **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 1

Property No. 3	
Creditor's Name: Regional Acceptance Co 1514 Woodlawn Drive Baltimore, MD 21207 xxxxxxx1001	Describe Property Securing Debt: 2010 Mazda CX-7
<p>Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)):</p> <p>Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	
Property No. 4	
Creditor's Name: Va Department Of Taxation* Bankruptcy Unit P O Box 2156 Richmond, VA 23218-0000	Describe Property Securing Debt: property of the debtors
<p>Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)): property exempt; any potential lien voided per 522(c)</p> <p>Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B -- Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

B 8 (Official Form 8) (12/08)

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

IN RE: **Michael Lewis Lilley
Christina Davis Lilley**

CASE NO

CHAPTER **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

Continuation Sheet No. 2

Property No. 1		
Lessor's Name: None	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): YES <input type="checkbox"/> NO <input type="checkbox"/>

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date 3/24/2014

Signature /s/ Michael Lewis Lilley
Michael Lewis Lilley

Date 3/24/2014

Signature /s/ Christina Davis Lilley
Christina Davis Lilley

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION

IN RE: Michael Lewis Lilley
Christina Davis Lilley

CASE NO

CHAPTER 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$1,800.00</u>
Prior to the filing of this statement I have received:	<u>\$1,800.00</u>
Balance Due:	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

3/24/2014

Date

/s/ David Cox for Cox Law Group, PLLC

David Cox for Cox Law Group, PLLC Bar No. 38670
Cox Law Group, PLLC
900 Lakeside Drive
Lynchburg, VA 24501-3602
Phone: (434) 845-2600 / Fax: (434) 845-0727

/s/ Michael Lewis Lilley

Michael Lewis Lilley

/s/ Christina Davis Lilley

Christina Davis Lilley

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
HARRISONBURG DIVISION**

IN RE: **Michael Lewis Lilley**
Christina Davis Lilley

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 3/24/2014

Signature /s/ Michael Lewis Lilley
Michael Lewis Lilley

Date 3/24/2014

Signature /s/ Christina Davis Lilley
Christina Davis Lilley

B22A (Official Form 22A) (Chapter 7) (04/13)In re: **Michael Lewis Lilley**
Christina Davis Lilley

Case Number:

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ **The presumption arises.**
- ☐ **The presumption does not arise.**
- ☐ **The presumption is temporarily inapplicable.**

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS	
1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p style="margin-left: 40px;">a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="margin-left: 80px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="margin-left: 80px;">OR</p> <p style="margin-left: 40px;">b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

B22A (Official Form 22A) (Chapter 7) (04/13)

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION												
2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."</p> <p style="padding-left: 20px;">Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above.</p> <p style="padding-left: 20px;">Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>											
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Column A Debtor's Income	Column B Spouse's Income									
3	Gross wages, salary, tips, bonuses, overtime, commissions.											
4	<p>Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 55%;">Gross receipts</td> <td style="width: 40%;"></td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td></td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts		b.	Ordinary and necessary business expenses		c.	Business income	Subtract Line b from Line a
a.	Gross receipts											
b.	Ordinary and necessary business expenses											
c.	Business income	Subtract Line b from Line a										
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 55%;">Gross receipts</td> <td style="width: 40%;"></td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td></td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td>Subtract Line b from Line a</td> </tr> </table>			a.	Gross receipts		b.	Ordinary and necessary operating expenses		c.	Rent and other real property income	Subtract Line b from Line a
a.	Gross receipts											
b.	Ordinary and necessary operating expenses											
c.	Rent and other real property income	Subtract Line b from Line a										
6	Interest, dividends, and royalties.											
7	Pension and retirement income.											
8	<p>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>											
9	<p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 25%; text-align: center;">Debtor</td> <td style="width: 30%; text-align: center;">Spouse</td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor	Spouse						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor	Spouse										

B22A (Official Form 22A) (Chapter 7) (04/13)

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	<table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> </table>	a.			b.				
a.									
b.									
Total and enter on Line 10									
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).								
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.								

Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____ b. Enter debtor's household size: _____	
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.										
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.										
	<table border="1"> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> </table>	a.			b.			c.			
a.											
b.											
c.											
Total and enter on Line 17.											
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.										

Part V. CALCULATION OF DEDUCTIONS FROM INCOME**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	
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19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p>																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Persons under 65 years of age</th> </tr> <tr> <td style="width: 5%;">a1.</td> <td>Allowance per person</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> </tr> </table>		Persons under 65 years of age		a1.	Allowance per person	b1.	Number of persons	c1.	Subtotal	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Persons 65 years of age or older</th> </tr> <tr> <td style="width: 5%;">a2.</td> <td>Allowance per person</td> </tr> <tr> <td>b2.</td> <td>Number of persons</td> </tr> <tr> <td>c2.</td> <td>Subtotal</td> </tr> </table>		Persons 65 years of age or older		a2.	Allowance per person	b2.	Number of persons	c2.	Subtotal
Persons under 65 years of age																				
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b1.	Number of persons																			
c1.	Subtotal																			
Persons 65 years of age or older																				
a2.	Allowance per person																			
b2.	Number of persons																			
c2.	Subtotal																			
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>																			
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td></td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </table>				a.	IRS Housing and Utilities Standards; mortgage/rental expense		b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42		c.	Net mortgage/rental expense	Subtract Line b from Line a.							
a.	IRS Housing and Utilities Standards; mortgage/rental expense																			
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42																			
c.	Net mortgage/rental expense	Subtract Line b from Line a.																		
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>																			
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>																			

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22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO.		
	a.	IRS Transportation Standards, Ownership Costs	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.		
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 44.		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34.		

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32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.										
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.										
<p align="center">Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32</p>											
34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td></td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td></td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td></td> </tr> </table> <p>Total and enter on Line 34</p> <p>IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:</p> <p>_____</p>	a.	Health Insurance		b.	Disability Insurance		c.	Health Savings Account		
a.	Health Insurance										
b.	Disability Insurance										
c.	Health Savings Account										
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.										
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.										
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.										
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).										
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.										

* Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.			
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
	a.			<input type="checkbox"/> yes <input type="checkbox"/> no
	b.			<input type="checkbox"/> yes <input type="checkbox"/> no
	c.			<input type="checkbox"/> yes <input type="checkbox"/> no
	Total: Add Lines a, b and c.			
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a.			
	b.			
	c.			
	Total: Add Lines a, b and c			
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 28.			
45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly chapter 13 plan payment.		
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		%
	c.	Average monthly administrative expense of chapter 13 case		Total: Multiply Lines a and b
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			
Subpart D: Total Deductions from Income				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.			
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.			

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52	Initial presumption determination. Check the applicable box and proceed as directed.
	<input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.
	<input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.
	<input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).
53	Enter the amount of your total non-priority unsecured debt
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.
55	Secondary presumption determination. Check the applicable box and proceed as directed.
	<input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.
	<input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

Part VII: ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	
	b.	
	c.	
	Total: Add Lines a, b, and c	

Part VIII: VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>3/24/2014</u>	Signature: <u>/s/ Michael Lewis Lilley</u> Michael Lewis Lilley
	Date: <u>3/24/2014</u>	Signature: <u>/s/ Christina Davis Lilley</u> Christina Davis Lilley

* Amount(s) are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.